

SPIRIT HOUSE MINISTRIES, INC.

HOUSING APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Aliases: _____

SSN#: _____ DOB: _____ TDCJ or SO#: _____

Acceptance Date: _____ Move in Date: _____ Departure Date: _____
Denial: (Give date and reason)

Last Known or Used Address: _____

City, State, Zip: _____

Current Address if already released: _____

City, State, Zip: _____

Current Phone number: _____

Closest relative or friend with whom you still have contact: _____

Family or friend you would want contacted in case of emergency: _____

Spouse: _____ DOB: _____

Location: _____

Contact phone: _____

Children	DOB	Location/Residence

HISTORICAL DATA

CRIMINAL HISTORY

Complete Criminal History starting with most recent offense/judicial disposition and any outstanding offenses which may be pending either in Texas or another State:

Date	Offense	Disposition

(Use additional paper if needed; complete history is required but not used to determine eligibility.)

Are you currently on parole? YES _____ NO _____

Name and contact information for parole officer including phone number:

Are you currently on probation? YES _____ NO _____

Name and contact information for probation officer including phone number:

In order to participate in our programs, Spirit House Ministries, Inc. requires access to your parole or probation officer. By checking the box below and signing, you are giving permission to Spirit House Ministries, Inc. Staff to contact and / or discuss your current parole/probation status including any current stipulations and concerns or violations.

Signature: _____ Date: _____

MEDICAL HISTORY

Do you have any current medical conditions? YES _____ NO _____ If yes, please explain: _____

Are you pregnant? YES _____ NO _____

Are you currently on medications? YES _____ NO _____

Name of Medication	Dosage and Frequency	Condition

Are you currently in need of any necessary medications? YES _____ NO _____ If yes, which ones?

Allergies: (Please list.)

Have you ever been treated for a mental health condition? YES _____ NO _____

Diagnosis:

Date of last treatment or participation in therapeutic process: _____

Have you ever considered suicide: YES _____ NO _____

Have you ever attempted suicide: YES _____ NO _____ Date of last attempt: _____

Please list doctors (with contact information) who are currently treating you for any medical or mental health conditions:

Do you have insurance, Medicaid or other forms of health coverage? YES _____ NO _____

Do you receive any disability payments or other forms of income? YES _____ NO _____

Do you have access to regular healthcare? YES _____ NO _____

Will you be applying for Medicaid or other forms of health coverage? YES _____ NO _____

Would you like assistance in applying for benefits and are you willing to disclose your applications to a Spirit House Ministries staff member for their review? YES _____ NO _____

SUBSTANCE ABUSE HISTORY

Have any of your legal issues included drug charges, drug related charges or events occurring while under the influence of a controlled or illegal substance? YES _____ NO _____ If yes, please explain: _____

At what age did you first consume alcohol? _____

At what age did you first try a controlled or illegal substance? _____

Drug	Currently Using or Using at date of arrest	Age first used	Age last used	How often
Alcohol				
Amphetamines				
Barbituates				
Cocaine				
Crack				
Crystal Meth				
Daliquid				
Free Basing				
Hallucinogenic				
Huffing (state substance)				
Heroin				
LSD				
Marijuana				
Morphine				
Mushrooms				
Narcotics				
Opium				
PCP				
Tobacco				
Other				

Have you ever been in a treatment program? YES _____ NO _____

Was this treatment inpatient or out patient? _____

Dates of treatment: _____

LIFE AND EMPLOYMENT SKILLS

Beginning with your last legal employment please list your employment history for the last ten years.

Company and location	Position held and pay	Dates	Responsibilities

(Please use additional paper if necessary.)

Have you ever been in the military? YES ____ NO ____ Dates of service: _____

Honorable or dishonorable discharge? _____

Events surrounding any dishonorable discharge?

Are you able to work? YES ____ NO ____ Do you have any disabilities that would prevent you from seeking employment at this time? YES ____ NO ____ If yes, please explain:

Do you receive any SSI, or Survivor Benefits? YES ____ NO ____ Monthly Income: \$ _____

Are you required to pay any child support or maintenance to a former spouse? YES ____ NO ____ If yes, please list the amounts and any arrears: _____

Do you have probation or parole fees? YES ____ NO ____ If yes, please list the amounts and any arrears:

List any training you received while incarcerated including certifications or certificates received: _____

Job Skills and other experience:

Rate your reading and writing skills:

Reading

Good Fair Poor

Writing

Good Fair Poor

Do you have a High School Diploma? YES _____ NO _____ or GED? YES _____ NO _____ Year Acquired?

Other vocational or technical training? YES _____ NO _____ Please list: _____

College or University experience or degrees? YES _____ NO _____ Did you graduate? YES _____ NO _____

List University, hours completed and degrees earned:

Do you have any licenses or certifications such as cosmetology, pest control or real estate agents? YES _____ NO _____

GOALS AND PERSONAL ASSETS

What do you consider your strengths:

What do you consider your weaknesses:

List at least one short term and long term goal:

How do you want this home and/or program to help you:

What do you feel you can bring to our programs/home:

Listed below are a series of behaviors, skills or traits; please check those traits you wish to change or modify for your future success.

Anger Issues	Values	Work Habits	Sleeping Habits
Authority Issues	Discipline	Thought Life	Dress and Appearance
Relationship w/Family	Relationship w/God	Financial Management	Sexual Activity
Use of Free Time	Substance Abuse	Study Skills	Grief or Bereavement
Ability to Say No	Ability to Follow Through	Procrastination	Choosing Friends
Resentments	Cleanliness	Hygiene	Housekeeping

SPIRITUAL LIFE

Current or former Church Affiliation including address and contact information if known:

Do you wish to maintain this affiliation or reestablish this relationship? YES _____ NO _____

Is this a family church or one chosen after you left your family of origin? _____

Please explain your previous involvement in a religious body or other theological areas of exploration:

IN ORDER TO PARTICIPATE IN THE PROGRAMS DESIGNED BY SPIRIT HOUSE MINISTRIES MINISTRIES, IT IS TO BE UNDERSTOOD THAT THIS IS A CHRISTIAN ORGANIZATION WHOSE DOCTRINES RELY SOLELY ON THE GOD INSPIRED HOLY BIBLE AND A PROFOUND PERSONAL RELATIONSHIP WITH JESUS CHRIST. PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS YOU CAN IN ORDER THAT WE MAY UNDERSTAND WHERE YOU ARE CURRENTLY IN YOUR WALK OF FAITH.

Do you believe you are saved? If yes, what does that mean to you and how did that come about.

Who is God or Jehovah?

Who is Jesus?

Who is the Holy Spirit?

Do you believe you can be healed and/or delivered from your sicknesses, weaknesses or set free from strongholds? If yes, please explain what this means to you and how this would be accomplished.

Why is it important to fellowship with other believers and obtain Church membership?

In your own words please explain what you feel your commitment is to God or Jesus Christ.

SPIRIT HOUSE MINISTRIES, INC. IS COMMITTED TO YOUR SUCCESS IN REENTERING THE FREE WORLD, OUTSIDE JAIL OR PRISON WALLS AND TO YOUR GROWTH AND DEDICATION TO A PROFOUND CHRISTIAN LIFE. THE APPLICATION WILL BE USED TO DETERMINE THE AREAS OF ASSISTANCE THAT CAN BE OFFERED TO EACH INDIVIDUAL AND THE AREAS THAT REQUIRE THE MOST ATTENTION. NO ONE ANSWER OR EXPLANATION WILL BE USED TO DETERMINE ELIGIBILITY OR SUITABILITY FOR OUR PROGRAMS. THE ONLY REQUIREMENT FOR PARTICIPATION IS A COMMITMENT TO A LIFE LIVED FOR JESUS CHRIST WITH HE ALONE AS THE FOUNDATION TO SUCCESS.

My signature represents that I have completed this application for consideration in the housing and/or counseling programs with Spirit House Ministries, Inc. I affirm that all answers are true and correct to the best of my ability. This is not a contract. I understand I am not guaranteed services by completion of this application.

Furthermore, I authorize Spirit House Ministries, Inc. to run any criminal background check it deems necessary for my consideration in its programs.

Signature _____ Date _____